



STATE OF WASHINGTON
DEPARTMENT OF EARLY LEARNING

DEL Field Office Address

Date

REQUEST FOR ADDITIONAL INFORMATION

Name

Address

Dear _____,

This letter is to verify that the Department of Early Learning (DEL) is processing your background check form authorizing you to care for or have unsupervised access to children in a licensed child care facility. I spoke with you on _____ at _____ to inform you that DEL needs more information before making a decision.

Please supply the following information to DEL by _____ :

The information being requested is:

Please send this information to me at DEL Field Office Address

If you have questions, please do not hesitate to contact me, Licensors name at phone number.

Sincerely,

(Licensors name)

Licensors

Department of Early Learning

cc: _____ (Name), Licensing Supervisor